

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

New Prosperity Foundation; The

ADDRESS (number and street)

200 S Wacker Dr

Suite 4000

☐ Check if different  
than previously  
reported. (ACC)

Chicago

IL

60606

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00488494

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

- ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

in the  
State of

5. Covering Period

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Gregory Baise

Signature of Treasurer

Electronically Filed by Gregory Baise

Date

07

25

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
New Prosperity Foundation; The

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	181151.06
(b) Cash on Hand at Beginning of Reporting Period .....	855943.21	
(c) Total Receipts (from Line 19) .....	303595.00	1830595.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1159538.21	2011746.06
7. Total Disbursements (from Line 31) .....	1096102.92	1948310.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	63435.29	63435.29
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

New Prosperity Foundation; The

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	303595.00	1830595.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	303595.00	1830595.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	303595.00	1830595.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	303595.00	1830595.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	303595.00	1830595.00

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	148867.41	305862.01	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	148867.41	305862.01	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55000.00	55000.00	
24. Independent Expenditure (use Schedule E) .....	847235.51	1542448.76	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	45000.00	45000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1096102.92	1948310.77	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1096102.92	1948310.77	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	303595.00	1830595.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	303595.00	1830595.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	148867.41	305862.01
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	148867.41	305862.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

**A.**

Full Name (Last, First, Middle Initial)

Duncan Alexander

Mailing Address PO Box 366

City

Geneva

State

IL

Zip Code

60134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.4329

Amount of Each Receipt this Period

10000.00

**B.**

Full Name (Last, First, Middle Initial)

Duncan Alexander

Mailing Address PO Box 366

City

Geneva

State

IL

Zip Code

60134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.4334

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Angela J Bass

Mailing Address 3907 LaSalle Ct

City

Floyd's Knob

State

IL

Zip Code

47119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50020.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.4311

Amount of Each Receipt this Period

50020.00

**SUBTOTAL** of Receipts This Page (optional) .....

65020.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

A.

Full Name (Last, First, Middle Initial)

John Canning

Mailing Address 1650 Dublin Ct

City

Inverness

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Madison Dearborn PartnersOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.4307

Amount of Each Receipt this Period

25000.00

B.

Full Name (Last, First, Middle Initial)

David G Herro

Mailing Address 65 E Goethe

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harris Associates LPOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.4331

Amount of Each Receipt this Period

40000.00

C.

Full Name (Last, First, Middle Initial)

Illinois Manufacturers

Mailing Address 1301 W 22nd St Ste 610

City

Oak Brook

State

IL

Zip Code

60523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.4306

Amount of Each Receipt this Period

30000.00

SUBTOTAL of Receipts This Page (optional) .....

95000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

**A.**

Full Name (Last, First, Middle Initial)

Steven Langman

Mailing Address 1133 5th Ave

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhone Capital LLCOccupation  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11AI.4335

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Maclean Fogg Company

Mailing Address 1000 Allanson Rd

City

Mundelein

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11AI.4303

Amount of Each Receipt this Period

25000.00

**C.**

Full Name (Last, First, Middle Initial)

John McCreary

Mailing Address 8042 Sequoia Ct

City

Indianapolis

State

IN

Zip Code

46240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Star FinancialOccupation  
Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11AI.4299

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

27250.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 29

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

**A.**

Full Name (Last, First, Middle Initial)  
Metropolitan Milwaukee Association of Commerce (MMAC)

Mailing Address 756 N Milwaukee St Ste 400

City State Zip Code  
Milwaukee WI 53202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

18975.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.4339

Amount of Each Receipt this Period

18975.00

**B.**

Full Name (Last, First, Middle Initial)  
Monarch Beverage Co., Inc.

Mailing Address 9347 E Pendleton Pike

City State Zip Code  
Indianapolis IN 46236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.4301

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)  
OTTO Engineering, Inc

Mailing Address 2 E Main St

City State Zip Code  
Capentersville IL 60110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.4337

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional) .....

30975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

**A.**

Full Name (Last, First, Middle Initial)

John Raitt

Mailing Address 1111 Mohawk Rd

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harris & Associates, LP

Occupation  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.4332

Amount of Each Receipt this Period

10000.00

**B.**

Full Name (Last, First, Middle Initial)

Shippers Rental Co

Mailing Address PO Box 3156

City

Quincy

State

IL

Zip Code

62305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.4309

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Weaver Popcorn

Mailing Address 9850 W Point Dr Ste 100

City

Indianapolis

State

IN

Zip Code

46256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.4328

Amount of Each Receipt this Period

24350.00

**SUBTOTAL** of Receipts This Page (optional) .....

35350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

**A.**

Full Name (Last, First, Middle Initial)

Weaver Popcorn

Mailing Address 9850 W Point Dr Ste 100

City

Indianapolis

State

IN

Zip Code

46256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.4341

Amount of Each Receipt this Period

25000.00

**B.**

Full Name (Last, First, Middle Initial)

Sam Zell

Mailing Address 2 N Riverside Plz Ste 600

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Equity Group Investments,  
LLC

Occupation  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.4304

Amount of Each Receipt this Period

25000.00

**SUBTOTAL** of Receipts This Page (optional) .....

50000.00

**TOTAL** This Period (last page this line number only) .....

303595.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

A.

Full Name (Last, First, Middle Initial)

AllianceWorks Group LLC

Mailing Address 2112 W Le Moyne St

City  
Chicago

State  
IL

Zip Code  
60622

Purpose of Disbursement  
Consultant Meeting Expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4327

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

110.72

B.

Full Name (Last, First, Middle Initial)

AllianceWorks Group LLC

Mailing Address 2112 W Le Moyne St

City  
Chicago

State  
IL

Zip Code  
60622

Purpose of Disbursement  
Communications Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4318

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

AllianceWorks Group LLC

Mailing Address 2112 W Le Moyne St

City  
Chicago

State  
IL

Zip Code  
60622

Purpose of Disbursement  
Consultant Travel Expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4352

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

413.34

SUBTOTAL of Disbursements This Page (optional) .....

10524.06

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

A.

Full Name (Last, First, Middle Initial)

AllianceWorks Group LLC

Mailing Address 2112 W Le Moyne St

City  
Chicago

State  
IL

Zip Code  
60622

Purpose of Disbursement  
Communications Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4355

Date of Disbursement

11 / 15 / 2010

Amount of Each Disbursement this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

BlueSwarm, Inc.

Mailing Address 2390 El Camino Real  
Ste 250

City  
Palo Alto

State  
CA

Zip Code  
94306

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4353

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

738.78

C.

Full Name (Last, First, Middle Initial)

Capital Data Technologies

Mailing Address 3109 Cascade Dr

City  
Springfield

State  
IL

Zip Code  
62705

Purpose of Disbursement  
Data Management Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4324

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

15738.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

**A.**

Full Name (Last, First, Middle Initial)

Connect Media Ventures

Mailing Address 730 W Randolph St Ste 400

City Chicago State IL Zip Code 60661

Purpose of Disbursement  
Mobile Media and Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4322

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

9995.00

**B.**

Full Name (Last, First, Middle Initial)

Corporate f/x

Mailing Address 3601 Spanish Trace

City Springfield State IL Zip Code 62711

Purpose of Disbursement  
Communications and Media Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4319

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

7500.00

**C.**

Full Name (Last, First, Middle Initial)

Corporate f/x

Mailing Address 3601 Spanish Trace

City Springfield State IL Zip Code 62711

Purpose of Disbursement  
Communications and Media Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4356

Date of Disbursement

11 / 15 / 2010

Amount of Each Disbursement this Period

7500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

24995.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

A.

Full Name (Last, First, Middle Initial)

Chris Dudley

Mailing Address 3000 N Sheridan Rd #18-D

City Chicago State IL Zip Code 60657

Purpose of Disbursement  
Reimburse Advanced Travel Expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4326

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

548.86

B.

Full Name (Last, First, Middle Initial)

Chris Dudley

Mailing Address 3000 N Sheridan Rd #18-D

City Chicago State IL Zip Code 60657

Purpose of Disbursement  
Reimburse Advanced Travel Expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4351

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

475.40

C.

Full Name (Last, First, Middle Initial)

Hathaway Strategies LLC

Mailing Address 740 E 52nd St Ste 10

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4320

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

6000.00

SUBTOTAL of Disbursements This Page (optional) .....

7024.26

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

A.

Full Name (Last, First, Middle Initial)

Hathaway Strategies LLC

Mailing Address 740 E 52nd St Ste 10

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4321

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

6000.00

B.

Full Name (Last, First, Middle Initial)

Hathaway Strategies LLC

Mailing Address 740 E 52nd St Ste 10

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement  
Communications and Media Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4357

Date of Disbursement

11 / 15 / 2010

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

Holtzman Vogel, PLLC

Mailing Address 45 N Hill Dr  
Ste 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4313

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

10455.25

SUBTOTAL of Disbursements This Page (optional) .....

19455.25

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

A.

Full Name (Last, First, Middle Initial)

Holtzman Vogel, PLLC

Mailing Address 45 N Hill Dr  
Ste 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4314

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

4354.00

B.

Full Name (Last, First, Middle Initial)

Holtzman Vogel, PLLC

Mailing Address 45 N Hill Dr  
Ste 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4342

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

10500.00

C.

Full Name (Last, First, Middle Initial)

Sandra Homer

Mailing Address 236 Fiala Woods Ct

City Naperville State IL Zip Code 60565

Purpose of Disbursement  
Communications Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4347

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

800.00

SUBTOTAL of Disbursements This Page (optional) .....

15654.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

A.

Full Name (Last, First, Middle Initial)

Illinois State Board of Elections

Mailing Address 1020 S Spring St

City  
Springfield

State  
IL

Zip Code  
62704

Purpose of Disbursement  
Voter File Purchase

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4315

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

700.00

B.

Full Name (Last, First, Middle Initial)

Magellan Data and Mapping Strategies

Mailing Address 1685 Boxelder St  
Ste 300

City  
Louisville

State  
CO

Zip Code  
80027

Purpose of Disbursement  
Targeting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4387

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Prairie State Strategies, LLC

Mailing Address 444 N Michigan Ave Ste 3600

City  
Chicago

State  
IL

Zip Code  
60611

Purpose of Disbursement  
Communications Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4345

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1275.00

SUBTOTAL of Disbursements This Page (optional) .....

2425.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

A.

Full Name (Last, First, Middle Initial)

Jennifer Taylor

Mailing Address 728 W Jackson Apt 1109

City Chicago State IL Zip Code 60661

Purpose of Disbursement  
Communications Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4349

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

XPS Professional Services

Mailing Address 220 E Adams St  
Suite 200

City Springfield State IL Zip Code 62701

Purpose of Disbursement  
Media Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4358

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

35551.06

C.

Full Name (Last, First, Middle Initial)

XPS Professional Services

Mailing Address 220 E Adams St  
Suite 200

City Springfield State IL Zip Code 62701

Purpose of Disbursement  
Media Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4389

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

17000.00

SUBTOTAL of Disbursements This Page (optional) .....

53051.06

TOTAL This Period (last page this line number only) .....

148867.41

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 29

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN CROSSROADS

Mailing Address 1401 NEW YORK AVE NW SUITE 1200

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4364

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25000.00

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN CROSSROADS

Mailing Address 1401 NEW YORK AVE NW SUITE 1200

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4363

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

55000.00

**TOTAL** This Period (last page this line number only) .....

55000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

A.

Full Name (Last, First, Middle Initial)

Center to Protect Patient Rights

Mailing Address PO Box 72456

City  
Phoenix

State  
AZ

Zip Code  
85050

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.4362

Date of Disbursement

/   /

Amount of Each Disbursement this Period

45000.00

SUBTOTAL of Disbursements This Page (optional) .....

45000.00

TOTAL This Period (last page this line number only) .....

45000.00

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 22 / 29

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The		FEC IDENTIFICATION NUMBER <b>C</b> C00488494	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ProMedia Group, LLC		Date MM / DD / YYYY 10 / 21 / 2010	
Mailing Address 4106 Reas Ln		Amount 22000.00	
City State Zip Code New Albany IN 47150		Transaction ID: SE.4215	
Purpose of Expenditure Voter Contact Mail		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARON PAUL HILL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee ProMedia Group, LLC		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 4106 Reas Ln		Amount 27500.00	
City State Zip Code New Albany IN 47150		Transaction ID: SE.4217	
Purpose of Expenditure Advertising Production and Placement		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARON PAUL HILL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		49500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Gregory Baise Signature		Date MM / DD / YYYY 07 / 25 / 2011	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 23 / 29

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00488494	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee XPS Professional Services		Date MM / DD / YYYY 10 / 18 / 2010	
Mailing Address 220 E Adams St Suite 200		Amount 40419.32	
City Springfield State IL Zip Code 62701		<b>Transaction ID:</b> SE.4197	
Purpose of Expenditure Voter Contact Phone Program		Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MARK STEVEN KIRK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 388132.57		2010	

  

Full Name (Last, First, Middle, Initial) of Payee XPS Professional Services		Date MM / DD / YYYY 10 / 18 / 2010	
Mailing Address 220 E Adams St Suite 200		Amount 144587.86	
City Springfield State IL Zip Code 62701		<b>Transaction ID:</b> SE.4198	
Purpose of Expenditure Voter Contact Mail		Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ALEXANDER GIANNOULIAS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 532720.43		2010	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	185007.18
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

Signature

Date MM / DD / YYYY

07 / 25 / 2011

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 24 / 29

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00488494	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee XPS Professional Services		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 21 / 2010</div> </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13080.92</div>	
City State Zip Code Springfield IL 62701		<b>Transaction ID:</b> SE.4264	
Purpose of Expenditure Voter Contact Phones		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT JAMES MR. DOLD JR.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">13080.92</div>	

  

Full Name (Last, First, Middle, Initial) of Payee XPS Professional Services		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 22 / 2010</div> </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10818.00</div>	
City State Zip Code Springfield IL 62701		<b>Transaction ID:</b> SE.4257	
Purpose of Expenditure Voter Contact Mail		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT JAMES MR. DOLD JR.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">23898.92</div>	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">23898.92</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

Signature

Date

MM / DD / YY

07 / 25 / 2011



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 25 / 29

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00488494	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee XPS Professional Services		Date MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 220 E Adams St Suite 200		Amount 11315.15	
City Springfield State IL Zip Code 62701		<b>Transaction ID:</b> SE.4262	
Purpose of Expenditure Voter Contact Phones		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT JAMES MR. DOLD JR.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 35214.07		2010	
Full Name (Last, First, Middle, Initial) of Payee XPS Professional Services		Date MM / DD / YYYY 10 / 25 / 2010	
Mailing Address 220 E Adams St Suite 200		Amount 144587.86	
City Springfield State IL Zip Code 62701		<b>Transaction ID:</b> SE.4199	
Purpose of Expenditure Voter Contact Mail		Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ALEXANDER GIANNOULIAS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 677308.29		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		155903.01	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Gregory Baise Signature		Date MM / DD / YYYY 07 / 25 / 2011	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00488494	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee XPS Professional Services		Date MM / DD / YYYY 10 / 25 / 2010	
Mailing Address 220 E Adams St Suite 200		Amount 10818.00	
City Springfield State IL Zip Code 62701		<b>Transaction ID:</b> SE.4258	
Purpose of Expenditure Voter Contact Mail		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DANIEL JOSEPH SEALS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 46032.07		2010	
Full Name (Last, First, Middle, Initial) of Payee XPS Professional Services		Date MM / DD / YYYY 10 / 25 / 2010	
Mailing Address 220 E Adams St Suite 200		Amount 13524.00	
City Springfield State IL Zip Code 62701		<b>Transaction ID:</b> SE.4260	
Purpose of Expenditure Voter Contact Phones		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT JAMES MR. DOLD JR.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 59556.07		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		24342.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Gregory Baise Signature		Date MM / DD / YYYY 07 / 25 / 2011	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 27 / 29

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00488494	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee XPS Professional Services		Date MM / DD / YYYY 10 / 25 / 2010	
Mailing Address 220 E Adams St Suite 200		Amount 18350.00	
City State Zip Code Springfield IL 62701		<b>Transaction ID:</b> SE.4277	
Purpose of Expenditure TV Advertising		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOSEPH SIMON MR. DONNELLY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee XPS Professional Services		Date MM / DD / YYYY 10 / 25 / 2010	
Mailing Address 220 E Adams St Suite 200		Amount 27048.00	
City State Zip Code Springfield IL 62701		<b>Transaction ID:</b> SE.4284	
Purpose of Expenditure Voter Contact Phones		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT JAMES MR. DOLD JR.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		45398.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Gregory Baise Signature		Date MM / DD / YYYY 07 / 25 / 2011	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00488494	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee XPS Professional Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address 220 E Adams St Suite 200		Amount 10331.20	
City Springfield State IL Zip Code 62701		<b>Transaction ID:</b> SE.4285	
Purpose of Expenditure Voter Contact Mail		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT JAMES MR. DOLD JR.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 96935.27		2010	
Full Name (Last, First, Middle, Initial) of Payee XPS Professional Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address 220 E Adams St Suite 200		Amount 10331.20	
City Springfield State IL Zip Code 62701		<b>Transaction ID:</b> SE.4287	
Purpose of Expenditure Voter Contact Mail		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DANIEL JOSEPH SEALS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 107266.47		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		20662.40	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Gregory Baise Signature		Date M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 29 / 29

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00488494	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee XPS Professional Services		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 28 / 2010</div> </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">329000.00</div>	
City State Zip Code Springfield IL 62701		<b>Transaction ID:</b> SE.4249	
Purpose of Expenditure Voter Contact Phones		Office Sought: <input checked="" type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MARK STEVEN KIRK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1006308.29</div>	

  

Full Name (Last, First, Middle, Initial) of Payee XPS Professional Services		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>11 / 01 / 2010</div> </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13524.00</div>	
City State Zip Code Springfield IL 62701		<b>Transaction ID:</b> SE.4261	
Purpose of Expenditure Voter Contact Phones		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT JAMES MR. DOLD JR.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">120790.47</div>	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">342524.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">847235.51</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

Signature

Date

MM / DD / YY

07 / 25 / 2011